NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90023 022 ****61.25

DOCL	JMENT	# N	1241	58				

1. Corporation Name

ORLANDO DAY NURSERY FOUNDATION, INC.

Principal Place of Business
ORLANDO DAY NURSERY
100 W. ANDERSON STREET
ORLANDO FL 32901
HE

Mailing Address

ORLANDO DAY NURSERY 100 W. ANDERSON STREET ORLANDO FL 32801



2.	Principal Place of Business	2:	Mailing Address			3.	Date Incorporated or Qualifed		ĺ		
21			B			12/30/1987					
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				FEI Number		Applied For		
22	•	27					59-2865202		Not Applicable		
23	City & State	28	City & State	•		5.	Certificate of Status Desired		75 Additional e Required		
24	Zip Country	29	Zip Co	untry		6.	Election Campaign Financing Trust Fund Contribution	-	.00 May Be		
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name						
CHAYNE, BILLIE H. 100 WEST ANDERSON STREET ORLANDO FL 32801			82	82 Street Address (P.O. Box Number is Not Acceptable)							
				83					٠.		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	/NOTE: Be	gistered Agent si	gnature required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS.	(14072.140	13.	D		D DIRECTO	RS IN 12
TITLE		DELETE	1.1 TITLE	Mary Jo Ashe		Change	Addition -
NAME	CHAYNE, BILLIE H.	,	1.2 NAME	2221 Santa A	ntillae		
STREET ADORESS	12564 BOHANNON BLVD	Ì	1.3 STREET AL		32806	_	, ,
CITY-ST-ZIP	ORLANDO FL		1,4 CITY-ST-7	Orlando, Fl	32000		
TITLE	D] DELETE	2.1 TITLE	D	65	Change	Addition
NAME	EUBANKS, PATRICIA		2.2 NAME •	Jane Kilbey	(21)		
STREET ADDRESS	2180 TUSCARORA TR		2.3 STREET	750 Forrest St	reet		
CITY-ST-ZIP	MAITLAND FL			Winter Springs			
TITLE	DS	DELETE	3.1 IIILE		-	Change	Addition
NAME	PECORA, ANNE		3.2 NAMF	Ex-Officio	(Addition)		•
STREET ADDRESS	614 E. RICHMOND AVENUE			ary Anne Mea		,	
CITY-ST-ZIP	ORLANDO FL		3.4. CIT)	ANY MILLE MEA	~		
TITLE	DP] DELETÉ		105 Poinsettia		Change	Addition
NAME	WING, JANE W.		4. 2 NAN O	rlando, Fl 32	2804		
STREET ADDRESS	1224 ROYAL OAK DRIVE		4.3 STRE	D	(Addition)		·
CITY-ST-ZIP	WINTER SPRINGS FL	_	4.4 CITY	Shirley Harter			TA delikan
TITLE	DT ∟	DELETE		9445 Hickory I		☐ Change	Addition.
NAME	MARTIN, W.R.						
STREET ADDRESS	1861 SHILOH LANE			Ninter Garden	, FI 34787		
CITY-ST-ZIP	WINTER PARK FL 32789		5.4 CITY- 8"	•	(Addition)	Change	Addition
TITLE	איט –	DELETE	6.1 TITLE Z	elma Slusser		☐ change	
NAME	HAM, MYRNA	,	Q.Z. I D Della.	290 Lighthous	se Rd (S_1)		
STREET ADDRESS	442 OAK HAVEN DR			•			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		6.4 CITY-: 💟	rlando, Fl 3	2808		

I hereby certify that the information supplied with this filing does not qualify for the exemp indicated on this annual report or supplemental annual report is true and accurate and the officer or director of the corporation of the receiver or trustee empowered to execute this report as required by officer or director of the corporation Block 12 or Block 13 if changed, or

certify that the information nder oath; that I am an

85 Zip Code

SIGNATURE: